

CLAIMS ONLY

Application Number

DA1623519

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2	/						52					
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7		/					57					
8	/						58					
9	/						59					
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37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	20						Total Indep					
Total Depend	21						Total Depend					
Total Claims	41						Total Claims					